

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: ED KRUCK

Date: 1-2-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe any observations for items checked "NO": | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 1-9-07

Time: _____

Location of Inspection: _____

Total Number of Containers: _____

	Yes	No
1. Is the area free of debris and other material?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the ground clean and dry?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are container tops free of spillage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the area free of spills or leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are all of the containers in good condition? (free of dents and corrosion, not bulging, or otherwise deteriorating?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are all containers properly closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are containers labeled with hazardous waste labels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the following information on the labels filled out?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator name and address	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accumulation start date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contents	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical state	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hazardous properties	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the information on the labels legible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Have wastes been disposed of within the allowable accumulation time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Are the containers compatible with their contents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Are incompatible wastes stored separately?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Is there adequate aisle space?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Is emergency overflow pit clean & dry?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 1-15-07

Time: _____

Location of Inspection: SFS ECG

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: ED KRUCK

Date: 1-22-07

Time: _____

Location of Inspection: SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 1-30-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": Rain

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KBUCK

Date: 2-6-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: ED KRUCK

Date: 2-13-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 2-20-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: ED KRUCK

Date: 2-27-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 3-6-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 3-13-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe any observations for items checked "NO": | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 3-20-07

Time: _____

Location of Inspection: SFS ECG

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 3-27-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: Ed Kruck

Date: 4-3-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 4-10-07 Time: _____

Location of Inspection: SFS ECG

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: ED KRUCK

Date: 4-17-07

Time: _____

Location of Inspection: SFS ECG

Total Number of Containers: _____

	Yes	No
1. Is the area free of debris and other material?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the ground clean and dry?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are container tops free of spillage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is the area free of spills or leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are all of the containers in good condition? (free of dents and corrosion, not bulging, or otherwise deteriorating?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are all containers properly closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are containers labeled with hazardous waste labels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the following information on the labels filled out?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator name and address	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accumulation start date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contents	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical state	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hazardous properties	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the information on the labels legible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Have wastes been disposed of within the allowable accumulation time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Are the containers compatible with their contents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Are incompatible wastes stored separately?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Is there adequate aisle space?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Is emergency overflow pit clean & dry?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 4-24-07

Time: _____

Location of Inspection: SFS ECG

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: ED KRUCK

Date: 5-1-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: Ed Kruck

Date: 5-8-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 5-15-07 Time: _____

Location of Inspection: SFS ECG

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe any observations for items checked "NO": | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Corrective actions required: _____

*** Inspections must be conducted on a weekly basis ***

*** Maintain checklist as documentation of this requirement ***

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 5-22-07 Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 5-29-07

Time: _____

Location of Inspection: ECG SFG

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 6-5-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 6-12-07

Time: _____

Location of Inspection: SFS ECG

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe any observations for items checked "NO": | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: ED KRUCK

Date: 6-19-07

Time: _____

Location of Inspection: SFS ECG

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 6-26-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 7-3-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 7-10-07 Time: _____

Location of Inspection: SFS ECG

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe any observations for items checked "NO": _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: EKRUCK

Date: 7-17-07 Time: _____

Location of Inspection: SFS ECG

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe any observations for items checked "NO": | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 7-24-07

Time: _____

Location of Inspection: SFS ECG

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe any observations for items checked "NO": | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: Ed KRUCK

Date: 7-31-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe any observations for items checked "NO": | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: E. KRUCK

Date: 8-7-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe any observations for items checked "NO": | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: ED KRUCK

Date: 8-14-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked "NO": _____

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: ED KRUCK

Date: 8-20-07 Time: _____

Location of Inspection: _____

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe any observations for items checked "NO": | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: ED KRUCK

Date: 8-27-07

Time: _____

Location of Inspection: ECG SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe any observations for items checked "NO": | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *

HAZARDOUS WASTE STORAGE AREA WEEKLY INSPECTION CHECKLIST

Inspector Name: ED KRUCK

Date: 9-4-07

Time: _____

Location of Inspection: ECC SFS

Total Number of Containers: _____

- | | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. Is the area free of debris and other material? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the ground clean and dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are container tops free of spillage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the area free of spills or leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all of the containers in good condition?
(free of dents and corrosion, not bulging, or otherwise deteriorating?) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all containers properly closed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are containers labeled with hazardous waste labels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the following information on the labels filled out? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generator name and address | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contents | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Physical state | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hazardous properties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the information on the labels legible? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Are the containers compatible with their contents? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are incompatible wastes stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there adequate aisle space? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency overflow pit clean & dry? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Describe any observations for items checked "NO": | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Corrective actions required: _____

* Inspections must be conducted on a weekly basis *

* Maintain checklist as documentation of this requirement *

* Inspection program must meet requirements of 22 CCR §66265.174 *